

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA
FTR GOLD RECORDING OR TRANSCRIPT DESIGNATION AND ORDERING FORM

Please read instructions.

1. NAME Bohyer Erickson Beaudette & Tranel		2. PHONE NUMBER 406-532-7800	3. DATE 12/3/2020
4. MAILING ADDRESS PO Box 7729		5. E-MAIL ADDRESS mail@bebtlaw.com	6. CITY Missoula
7. STATE MT			
8. ZIP CODE 59807	9. JUDGE Molloy	10. CASE NAME Nelson et al. v. Project Spokane LLC et al.	
11. U.S. DISTRICT COURT CASE NUMBER CV-20-00082-DWM		12. COURT OF APPEALS CASE NUMBER	

13. ORDER FOR

<input type="checkbox"/> APPEAL	<input type="checkbox"/> CRIMINAL	<input type="checkbox"/> CRIMINAL JUSTICE ACT	<input type="checkbox"/> BANKRUPTCY
<input type="checkbox"/> NON-APPEAL	<input checked="" type="checkbox"/> CIVIL	<input type="checkbox"/> IN FORMA PAUPERIS	<input type="checkbox"/> OTHER - Specify

14. **RECORDING REQUESTED:** Specify portion(s) and date(s) of proceeding(s).
 PAYMENT: Financial arrangements must be made with the Clerk's Office before recording is prepared.
 Copy Cost: \$31 for each proceeding.

Proceedings	Date(s)	Judge
Motion hearing - preliminary injunction	6/25/2020	Molloy

15. **TRANSCRIBER SELECTED FROM THE PROVIDER LIST:**
 Specify portion(s) and date(s) of proceedings.
 Financial arrangements must be made with the transcriber before the transcript is prepared.

Proceedings	Date(s)	Judge

CATEGORY	ORIGINAL Includes certified copy to clerk for records of the Court	FIRST COPY to each party	ADDITIONAL COPIES to same party	FORMAT REQUESTED Each format is billed as a separate transcript copy.	
				Paper	Electronic Specify File Format
30-Day	\$3.65/page <input checked="" type="checkbox"/>	\$.90/ page <input type="checkbox"/>	\$.60 page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input checked="" type="checkbox"/> <input type="checkbox"/> A-Z word index
14-Day	\$4.25/page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	\$.60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
7- Day	\$4.85/ page <input type="checkbox"/>	\$.90/ page <input type="checkbox"/>	\$.60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
3-Day	\$5.45/ page <input type="checkbox"/>	\$1.05/ page <input type="checkbox"/>	\$.75/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
DAILY	\$6.05/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
HOURLY	\$7.25/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index

16. **DISTRIBUTION**
 E-file this form with the clerk's office, mail to opposing counsel if they are not electronic filers and serve the court reporter.
 If payment is authorized under CJA, attach the completed CJA 24 form to this transcript order form.

Signature: 